


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 648896 1. Entity Name THE SEALE FAMILY, INC.	
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Principal Place of Business 430 E RAILROAD AVE BOCA GRANDE, FL 33921 US	Mailing Address P.O. DRAWER 1446 BOCA GRANDE, FL 33921
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07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2034839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FARR, EARL D JR 99 NESBIT AVE. PUNTA GORDA, FL 33950
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATERSON, REBECCA 1660 16TH STREET BOCA GRANDE, FL 339210325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SCHWEGMAN, JACQUELINE W 320 GULF BLVD, APT 3E BOCA GRANDE, FL 339210601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SEALE, J. EDWARD 1510 EAST RAILROAD AVE. BOCA GRANDE, FL 339210216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/06/07-80008-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/2/07** **941-964-0333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #